

Department of Health Services Toxic Substances Control Division Sacramento, California

Please print or type. (Form designed for use on ellie (12-pitch) typewriter.) 1. Generator's US EPA ID No Generator's US EPA ID No Generator's US EPA ID No Generator Manifest No. Information in the shaded areas UNIFORM HAZARDOUS 2. Page 1 is not required by Federal **WASTE MANIFEST** A.State Manifest Document Number Generator's Name and Mailing Address Douglas Aircraft Co. <u>84827696</u> 190th & Normandie B.State Generator's ID Generator's Phone (213 Torrance, CA 90502 <u> 5'33-6677</u> Transporter 1 Company Name **US EPA ID Number** C.State Transporter's ID DyTransporter's Phone 0508018 **J. C. Láiúid Waste Bisposa** Transporter 2 Company Name E.State Transporter's ID213 268-3137 US EPA ID Number F.Transporter's Phone Designated Facility Name and Site Address US EPA ID Number G.State Facility's ID 10 12/1/19/2012 CASMALIA P.O. Box E NTU Road Casmalia, CA 93429 H.Facility's Phone [CADO20.7.4.8.1 2 13. 12.Containers 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Total Quantity Unit Waste No. Type Wt/Vo N Waste Alkaline liquid NOS comrosive 001 04500 123 TT G E R A b. 0 c. d. J. Additional Descriptions for Materials Listed Above K.Handling Codes for Wastes Listed Above Solid* 9.0% Magnesium Hydroxide 2.0% Water 91.0% Silicon Oxide 2.0% *Chromic Hydroxide 25.0% Calcium Hydroxide 7.0% Aluminum Hydroxide 15. Special Handling Instructions and Additional Information Guide #60 Use Gloves, goggles. May cause severe irritation to skin & eyes. 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Signature Printed/Typed Name Month Day Year OM/2M17. Transporter 1 Acknowledgement of Receipt of Materials Date RANSPO 30161227 Printed/Typed Name Month Day Year Signature (MELOS HO 0.811.3182 18. Transporter 2 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year UM)3186 19. Discrepancy Indication Space 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Date Signature Printed/Typed Name Month Day Year

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Designated Facility Name and Site Address 10. US EPA ID Number CASMALIA P.O. Box E NTU Road Casmalla, CA 93429			G.State Facility's ID H.Facility's Phone						
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1. US DOT Description (Including Proper Sh	ipping Name, Hazard (Class, and ID Nu	imber) No.	Type	Total Quantity	Unit Wt/Vol	Waste No		
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*Chromic Hydroxide 25.03 Aluminum Hydroxide 5.03 5. Special Handling Instructions and Ad Use Gloves, goggles. May 6. GENERATOR'S CERTIFICATION: I hereby above by proper shipping name and are of for transport by highway according to Printed/Typed Name	Calcium Hydro	Guide #6 irritation ents of this consided, and labeled	to skin &	y and a	ccurately desc	lition	Date Month Day		
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